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ABSTRACT

This article describes a practical approach to treating addictive families, designed to help them repair the damage, create more satisfying lives, and prevent long-lasting deleterious effects, commonly associated with "co-dependency" and "children of addicts." This approach is grounded in a developmental model of family recovery which was devised to meet the shared needs of members of this population while, at the same time, taking into account their high level of diversity. The following four points summarize the highlights of this approach. First, the approach focuses on engaging all interested family members in a journey from chaos to family health. It takes issue with those approaches which view the family as an instrument to coerce the addict into recovery, with those which ignore the addiction, and with those which ignore the family's needs. Second, for many families, the journey begins in a state of exasperation, hopelessness, and helplessness. The journey reaches a state in which family members feel hopeful about, in charge of, and competent to handle their lives. Third, the approach focuses on helping family members confront the addiction itself by engaging in a stepwise process of withdrawing from destructive experiences related to addiction. Fourth, there are specific actions and foci of attention required for successful recovery. These developmental tasks are organized into four main groups: getting started, strengthening the family, confronting the addiction, and thriving as a family. The greater part of this paper consists of a detailed description of these four tasks. (ABL)

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Comprehensive Treatment of Addictive Families
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Addictions affect families profoundly. Social circles shrink, economic and emotional security are threatened, psychological growth is stymied, and relationships among family members are severely strained. The longer the problems persist, the greater the damage. This article describes a practical approach to treating addictive families, designed to help them repair the damage, create more satisfying lives, and prevent long-lasting deleterious effects, commonly associated with "co-dependency" and "children of addicts". For a discussion of other treatment approaches, please see Schlesinger (1988).

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This approach is grounded in a developmental model of family recovery which was devised to meet the shared needs of members of this population while, at the same time, taking into account their high level of diversity.

The following four points summarize the highlights of this approach. After reviewing them, we shall proceed to consider the process of treatment in more detail.

First, the approach focuses on engaging all interested

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family members in a journey from chaos to family health. It takes issue with those approaches which view the family as an instrument to coerce the addict into recovery, with those which ignore the addiction, and with those which ignore the family's needs.

Second, for many families, the journey begins in a state of exasperation, hopelessness and helplessness. It proceeds through a period of experimentation and effort. The journey reaches a state in which family members feel hopeful about, in charge of, and competent to handle their lives.

Third, the approach focuses on helping family members confront the addiction itself by engaging in a stepwise process of withdrawing from destructive experiences related to addiction. Setting limits is a crucial part of the process but is not a method of controlling the addict. Limits are set both to protect the family and to communicate the family's healthy resolve.

Fourth, there are specific actions and foci of attention required for successful recovery. The approach organizes these developmental tasks into four main groupings, and presents them in logical order: Getting Started, Strengthening the Family, Confronting the Addiction, and Thriving as a Family. A series of exercises has been developed to help guide family members through these tasks.

In Getting Started, family members develop a realistic basic for hope that they can solve their problems. They learn to define problems in terms which promote action and define their aspirations in terms which inspire hope and fresh effort.

Many families decide that they will take action on their

problems -- including coming for professional help -- at a point at which they are depleted emotionally and physically. It is important, therefore, to help family members refocus their attention on their own lives, apart from the addict, in order to fortify themselves. Therefore, in the second task area, Strengthening the Family, family members learn to take better care of themselves, live fuller lives and develop the supportive relationships they will need in order to face the addiction once again.

Once they have strengthened themselves, family members can face the third task area, Confronting the Addiction. This involves focusing on what generally is termed "enabling". Specifically, this means learning which family resources and benefits support destructive behaviors and learning both how to set limits for self-protection and how to avoid inadvertently supporting an addiction.

When family members have withdrawn from the poisonous experiences so often associated with chaotic behavior, they are ready to focus their attention on the fourth area, Flourishing as a Family. This involves replacing a "survivor" mentality with a "flourishing" mentality as the first step in helping those close to an addict develop and live healthy, non-chaotic lives. Among other things at this point in recovery, family members learn to let go of the lingering traumatic effects of living with an addict, navigate some common pitfalls in recovery, build healthy communication patterns, and move on to resume normal family development.

Let us return now to consider the four developmental task areas in some detail. Our approach to treatment uses a number

of novel methods to engage and treat families, while making extensive use of the classical methods (e.g., self-help groups). We shall emphasize the unique parts of this approach detailed in Schlesinger and Horberg (1988).

GETTING STARTED

How does one engage in treatment a family which may, among other things, feel hopeless and helpless in their situation, may be despairing, may blame itself for the addict's behavior, may be ignoring its own pain, and may have neglected the safety, comfort and well-being of its members? This is a type of family in which there is a lot of motion -- energy expended randomly in reaction to the chaos which an addiction creates -- but little movement -- energy expended proactively in healthy and productive directions. To help family members make sense of the pain they feel and to work past it, we teach them to make use of a metaphor. This metaphor casts recovery as a journey, and it helps dispel the notion that recovery is an event. It suggests that family members who recover successfully move through three regions, the 3 E's.

Recovery as a journey

In Region I, chaos is a fact of everyday life. Family members feel confused, exhausted, scared, and extremely pessimistic about their ability to influence their futures. It is a state of fragmentation in which family members feel Exasperated, with little idea of what they can do to end their pain.

One problem with being consumed with an addiction -- either one's own or that of a loved one -- is that chaos stunts maintenance and personal growth. In the process of diverting

one's attention from growth to destructive behaviors, one misses many opportunities to grow. It is not uncommon, for example, for adult addicts who have drug use histories dating to childhood or adolescence to characterize as "growing up".

Family members affected by addictions often need a chance to begin to grow, and the first step often is a period of exploration and experimentation to make up for lost experiences.

Region II is a period of unrelenting Effort, often in what family members see as a grey world, in which they begin to do things which are different (or to do old things in new ways), without a clear idea of where they will lead. It is a period which can be taxing in that family members do not get a specific return for particular actions they take. It frequently strains the family's resolve to get better.

In Region III, family members develop a sense of purpose and become meaningfully involved in many aspects of their lives. They feel alive and lively, competent to face and solve problems which come up and eager to make commitments to healthy activities and relationships. They feel a sense of Empowerment. Whereas Region I was a period of fragmentation, Region III is one of integration.

An irony presents itself in the midst of this journey. Recovery really begins when family members decide, in Region I, that they will do whatever it takes to end their pain. It is in this way that they pass into Region II. However, in Region II family members find the effort required rather tedious. This results, in part, from the lack of direction people often feel in Region II.

Movement from Region I (Exasperation) to Region II (Effort)

to Region III (Empowerment) occurs as family members learn to answer four basic questions:

Question 1: What kind of experiences do I want right now?

Question 2: What choices or actions would I admire in myself in this situation?

Question 3: What strengths do I have that would be valuable in this situation?

Question 4: What do I feel right now?

These four questions can be helpful in providing a temporary framework within which people can stop and make considered decisions in their journey to health. As these questions are answered in each situation, self-esteem and self-knowledge grow, and the individual gains awareness of his feelings, wants, standards, and strengths. Use of the four questions allows family members to see themselves taking charge of their lives, inspires fresh hope and effort, and for some this may have followed a substantial period in which they felt helpless and paralyzed.

One measure of progress in recovery can be the changing themes in the answers to the four questions as family members move through the three Regions. A helpful table depicting these themes will be found on pages 24 and 25 of Schlesinger and Horberg (1988).

Defining the Problem

The next step in Getting Started is to help family members define their problems concretely and in terms which promote family action. This can be conceptualized as a five-step process, each part of which defines an exercise for family members. The steps are as follows:

Step 1: Identifying Family Problems

Step 2: Separating Facts from Opinions

Step 3: Identify Facts Related to Addiction

Step 4: Identify Feelings Associated with Those Facts

Step 5: Identify Family Strengths

The process of helping family members define their problems can be quite instructive. It is helpful (in Step 3), for example, for family members to see that there may be important family problems not related to addiction. This helps them define family health more broadly than simply the absence of (or complicity in) addictive behaviors. Each problem on the list (e.g., experience in Region I such as, "there is too much screaming in the house") has a mirror image in Region II (e.g., "we don't abuse each other, but it's hard to talk about things") and in Region III (e.g., "our home often is very peaceful and loving AND we are able to work out our differences without attacking each other").

It is crucial, as well, for family members (in Step 5) to begin to recognize their strength. No family coming for treatment is devoid of strengths, even though "family esteem" often is so low and shame is so intense that few strengths are evident. In many instances, family members function in different Regions in different aspects of their lives. For example, a Corporate Vice President (Region III at work) may also inadvertently support a child's cocaine use which is destroying the family (Region I at home). This person has strengths which will be helpful in the family's recovery, though the chaos of the addiction may obscure them from view. Often family members will move among the regions even within a single part of their

lives.

It is helpful for family members to complete the definition of their problems by considering the interplay of their emotions. This can be conceptualized in outline form as a 2 (positive/negative) by 2 (addiction-related/non-addiction related) table. Positive feelings about drugs and alcohol have to be considered because they will help broaden the family's understanding of its goals and its possible resistance to growth. For example, if an addict is amorous only when drunk, the spouse may be reluctant to have him give up alcohol or to make their sex life contingent on sobriety.

STRENGTHENING THE FAMILY

Once strengths and problems have been defined, the process of setting realistic goals begins by turning attention away from the addiction and focusing on the loved ones themselves and on their lives.

Helping family members focus on their wants, abilities, commitments and good points will help them counteract the feelings of hopelessness that bog down the family. By acknowledging areas of strengths, the family equips itself to make use of them.

Until self-examination begins, despair increases, the world appears to shrink. Eventually, it may seem that the only important events in the family have to do with the addiction: "Did he seem high when he came home?" "Will she overdose tonight?" "Will she even come home?"

In considering their depleted state, families focus on three areas: Living a full life, Taking better care of themselves, and Developing supportive relationships.

Living a Full Life

Family members get stronger when they connect their desire a full life with the need to end members' participation in family pathology. Living a full life is at the core of recovery.

To the extent that family members know which experiences they want and which they detest, which of their choices and actions make them proud and which shame them, which situations stir feelings that enrich their lives and which detract from it, they will feel the motivation to take action and leave chaos behind. To the extent they know and exercise their strengths, they will feel confident in their ability to live a full life. To the extent members are unable to answer the four questions, they will be mired in confusion.

Families vary in their determination to live a full life and maintain their values. As a result, they also differ in the way they decide when enough is enough and when to take decisive action. Of interest to therapists are the general questions: When do families act? When do they become determined to fight their way out of the exasperation of Region I?

People act at different points to tackle their problems. Decision points can be conceptualized on a continuum ranging from relatively untraumatic to life-threatening, as follows:

- a. distaste for the addict's behavior
- b. public embarrassment; distaste for own behavior
- c. threat to property/safety
- d. endangered lives

In Taking Charge (Schlesinger and Horberg, 1988), we describe two tasks that assist family members to approach living a fuller life. The first is for family members to clarify their

wants, standards, strengths and feelings. A handy sentence completion exercise for therapists to use with family members appears as Exercise 3 on pages 84 and 85 of Schlesinger and Horberg (1988). The second task guides family members through an examination of some of the cognitive components of recovery. It focuses on overcoming barriers to a full life and zeroes in on some opinions that obstruct recovery efforts and others which motivate healthy action. We provide examples in the table on pages 86 and 87 in Schlesinger and Horberg (1988).

Increasing Self-Care Activities

Whereas deteriorating self-care can damage the family further, habits of self-care, vigorously maintained, provide a family with strength and a sense of dignity and well-being. These habits fall into three important areas: General health and hygiene, Maintenance of safety, well-being and comfort, and Management of stress. Each individual assumes some responsibility for himself in these areas, and the adults in the family assume additional responsibility to establish routines for the family. Exercise 1 on pages 60-66 of Schlesinger and Horberg (1988) provides a checklist to help family members evaluate their actions in each of these aspects of self-care.

Managing Stress in the Family

An important aspect of self-care which frequently is neglected in addictive families concerns their abilities to manage stress. In many cases, family members equate stress management with problem-solving. Although problem-solving is clearly an aspect of effective stress management, constantly trying to solve unsolvable problems (e.g., someone else's addiction) merely leads to failure over and over again. Even

when problems can be solved, reliance on problem solving, to the exclusion of other forms of stress management, leads to depletion, burnout, and ineffectiveness.

An alternative to this unidimensional view of stress management is to view the management of stress from the broader perspective of an individual's lifestyle. This view follows from the work that Ayala Pines and Elliott Aronson have done (see, for example, Pines and Aronson , 1988).

Activities to manage stress can be conceptualized along two dimensions: activity (active vs. inactive) and object of attention (toward the stressor vs. away from the stressor). If we assemble these dimensions in a 2 X 2 format we can define four components of a stress management lifestyle. It is this conception which family members examine at this point in recovery.

Active methods which direct attention toward the stressor reduce future stress by getting directly at the source. For example, when the family prohibits drunk driving among its members, it prevents worry and suffering. Successful stress reduction depends in part on effective problem solving. In this regard, it is helpful to review seven necessary components of problem solving with family members. They are as follows:

1. Quickly and naturally focus attention on problems as they arise.
2. Define problems clearly to promote problem-solving.
3. Talk with others to get information, support and help in organizing an approach to the problem.
4. Think of alternative solutions.
5. Take direct action by asserting self and making

arrangements with others.

6. Take direct action by doing independent work.
7. Follow up and stick with routines designed to prevent problems in the future.

Inactive, methods focusing attention on the stressor focus on thinking and talking about problems. Family members often think of problems in a "mental shorthand" which does not lend itself to problem resolution. Putting thoughts into words requires that the problems be made concrete. In this regard, complaining can be helpful, and family members are encouraged to use it.

Complaining is a highly underrated activity. It promotes ventilation of feelings, reorganization of thoughts, clarification of goals and wants, and identification of stressors. To move forward, families must give themselves permission to complain. When complaining replaces suffering in silence, the family is getting better.

Active methods of focusing attention away from stressors refresh the spirit and enhance self-esteem away from the "field of battle". We emphasize that there is no way to help the addict if family members stop living, if they let themselves be consumed by the problem. They must include activities in their lives which help them have fun and grow. These may involve hobbies, exercise and other active pursuits which family members enjoy, but which do not bear directly on the addict or the addiction.

Inactive methods of focusing attention away from stressors require the individual to set aside the compulsion to remain productive every waking moment. In fact, we all need time to

"escape", to engage in "idle" activities which helps refresh us. These may include naps, meditation, reading a book, watching television, or anything else which allows a respite from the stress of one's life.

Balance is important in any lifestyle which is created to enhance the capacity to cope with stress. Those who spend most of their energies in one or another of the four categories of activities will be less successful in managing their stress than those who spread their activities among the four. Not only do all four activities fit nicely into a lifestyle approach to stress management, but also they work nicely as a set of guidelines for therapists to offer patients in crises. When an anxious client asks for direction in coping TONIGHT, therapists can help the client draw out a balanced plan based on the 2 X 2 table.

Developing Supportive Relationships

The third area involved in strengthening the family is developing supportive relationships. Families grow stronger as their members develop relationships with people outside the family. The value of involvement with others does not require much explanation except when you are addressing the needs of an isolated group. We emphasize four important benefits of involvement. First, it strengthens personal identity. Since addiction and social isolation go hand in hand, family members are often stripped of their roles, and therefore stripped of their identities. When we perform our roles well, we think of ourselves as competent. Others help us maintain a stable sense of identity.

Second, involvement with others enhances positive aspects of

our lives. Relationships and social contacts provide stimulation, variety, recognition, communication, closeness, attraction, intimacy, sense of purpose, useful activity, practical help, challenge and structure. Many of the best things in life occur with other people. Without contact with others, life can be barren, empty and painful.

Third, involvement with others increases emotional support and challenge. Addicts often command most of the attention in the family, interfering with the family's attempt to understand its everyday world and blinding family members to the possibility of finding support through involvement with others. Events in a chaotic family are difficult to think about and comprehend. In order to develop an understanding, family members must first put their experiences into words and describe them to others, even though at first their descriptions may sound disloyal, provocative or offensive. Without access to supportive listeners, family members can never get past the numerous dead ends in their thinking. With support, however, experiences -- no matter how painful -- are accepted, discussed and incorporated into the family's understanding of itself. Families can then describe their everyday lives in terms that stick.

Fourth, involvement with others increases informational support and challenge, practical knowledge that helps in problem-solving or in accomplishing things. Involvement with friends and groups naturally increases our access to expertise generally.

Developing supportive relationships is crucial to family recovery. However, there are many barriers to developing

supportive relationships. We emphasize four common ones: 1. outside contacts are viewed as extremely threatening; 2. outside relationships stir up feelings of inadequacy in people who suffer from low self-esteem; 3. family members may accept the idea that the addict has the right to limit their involvement in life; and 4. some of the family's beliefs may impede the effort to develop outside relationships. Please refer to Schlesinger and Horberg (1988) for a discussion of some of those beliefs (page 96) and for two exercises which are helpful to use with family members (pages 97-99).

CONFRONTING THE ADDICTION

Once the family has strengthened itself and learned how to replenish its depleted emotional and physical stamina, it is time for members to focus once again on the addiction. The focus is not on how the family can persuade a reluctant addict to stop his drug use or go for treatment. Rather, the focus is on how the family can extricate itself from involvements with the addict which are unhealthy for the family and which may inadvertently support the addiction, and invite the addict to join them in health and in flourishing.

Most support given to the addict, ranging from small favors to the continuation of relationships, is given on a voluntary basis. Yet it never seems that way. It can seem to loved ones as if they have no control over their own actions. The illusion of no control can be so powerful that the therapist may have a hard time believing otherwise.

The therapeutic goal at this point is to safely cut off support for addictive and other chaotic behaviors in the family, while selectively increasing the family's ability to support

healthy patterns. Related objectives include, first, distinguishing resources, actions, and decisions family members do control from those they do not control. This helps weaken the illusion of control over the addict's behavior and strengthen awareness of control over members' own behavior, participation, resources, and decisions.

A second objective is to increase members' understanding of how specific forms of support often enable the addict to continue engaging in destructive behavior. Our approach in this area is guided by our understanding of the construct of "enabling". Enabling is the degree to which family actions buffer negative consequences of addictive behavior, provide positive consequences for addictive behavior or alter the addict's environment to make addictive behavior possible. Family actions can be in the form of offering material support, effort, companionship, or confirmation to the addict. Enabling can continue despite family members' awareness that the behavior may be counterproductive.

The third objective is to increase loved-ones' abilities to communicate feelings and observations related to addiction.

Family members are then ready to tackle the fourth objective: with a minimum of effort and risk, withhold support for addictive behavior by setting limits.

The structure of the overall effort to confront the addiction involves guiding the family through four decisions as they cut off support for chaotic/addictive behavior:

1. What support to withhold;
2. When to withhold it;
3. What to say to the addict about the changes

in the family; and

4. What did we set out to accomplish?

The process of withdrawing support for addictive behavior is similar in some ways to the classical "Intervention" techniques practiced widely in addictions treatment centers. However, as practiced, "Intervention" has several drawbacks. First, if it doesn't work, there may be nothing left to try. Second, it may inadvertently set the family up to back down and to remain inconsistent in its dealings with the addict. For example, a family which tells the addict, in effect, to "get well or get out" may provoke unnecessary resistance and then have to decide whether they really want to stick to their threat to kick him out. If not, then once again, "no means yes". Chaotic behavior is reinforced on an intermittent schedule.

An alternative is for the family to take a slower, more persistent approach in which it withholds only part of the support it provides the addict and escalates only if necessary. Family members approach their disengagement in a stepwise fashion. Limit-setting is not approached as a method of controlling the addict. Loved ones learn when to limit their involvement with the addict so as to avoid unhealthy or harmful contact. It begins with an assessment of the resources controlled by the family which support addiction and proceeds to create an action plan to withhold them when certain chaotic behaviors occur.

When asked to list the resources under their control, family members often draw a blank. Over the years, they have made so many decisions automatically. They may think that if they care about the addict, they cannot or should not withhold

anything from him. They may feel guilty and believe that they owe him anything and everything they give. Fear may blind them to the real control they could have (e.g., "If I stop pretending, will he leave me? destroy my future? kill me?")

Resources can be described as benefits people receive as members of the family in good standing. Benefits can be of four different sorts: Material support, Effort on behalf of and attention to the addict; Companionship; and Confirmation or reassurance that the addict is a member of the family in good standing. In chaotic families, benefits are given in a way that buffers the negative consequences of addiction, rewards addictive behavior (e.g., making the addict the center of attention), or creates opportunities for addictive behavior (e.g., paying the gambler's bills, thereby allowing him to use his salary to finance new wagers). Confronting the addiction is a process of harnessing the benefits of family membership to support health in order to help family members thrive together, or apart if separation is preferable.

Decision 1: What to Withhold

Family members frequently find it difficult to identify those things which they control and which they potentially could withhold from the addict when the addict engages in self-destructive behaviors. The most easily identified benefits typically are material. They include, for example, room and board, use of the car, money, and basic necessities. Non-material support includes companionship, efforts on the addict's behalf, and personal acknowledgement or confirmation.

To help family members decide what they might consider withholding from the addict(s) in its midst, clinicians may find

a checklist in Schlesinger and Horberg (1988; pages 107 - 113) helpful. This checklist presents examples of specific benefits in each of the four areas to help stimulate family members' thinking.

Once family members have an idea of what they have available to withhold, they are ready to consider the next question: when to withhold benefits from the addict. The answer to this question is two-fold. First, family members need to identify the types of involvement with the addict that are poisonous for them and the ways in which they are painfully or self-destructively involved with the addict (e.g., handing the car keys to an adolescent who will drink).

To identify painful experiences, another checklist may be helpful clinically (see Schlesinger and Horberg, 1988, pages 126-129). This checklist encourages family members to consider a wide range of addiction-related behaviors and to rate the amount of pain or worry the behaviors cause them. This sets the stage for family members to identify concrete, unacceptable behaviors which then can serve as part of the foundation for setting limits.

The second part of the answer to when to withhold is to help family members consider the stance the addict has toward his addiction at the time (see Schlesinger and Horberg, 1988, pages 121-124). Stances range from the addict being in a life or death struggle as a result of his addiction through five other stages to being abstinent and committed to a program of recovery. Family members may learn to vary their responses to otherwise unacceptable behavior depending on which stage they believe the addict to be in. If the addict is truly in a life or

death situation, for example, the family may choose to respond in a manner to "rescue" the addict, even though at other times this may seem to support the very behavior they find unacceptable.

We encourage family members to think of limit setting in "If-Then" (or contingent) terms. In other words, family members provide material and non-material benefits only when they support health and when the family can do so with a good, free, clear feeling (i.e., the feeling one gets when one knows he is neither supporting illness nor participating in a humiliating or otherwise painful experience).

In the "If-Then" formulation, family members create an action plan in which the "If's" are specific behaviors and the "Then's" are benefits to be withheld if the behaviors occur (or to be offered in the absence of those behaviors). The "If-Then" chart which results from this process constitutes an action plan to guide the family's response to unacceptable behavior to signal its refusal to collude in illness and its resolve to live together in a healthy manner. We do not suggest that families assume the stance of the behavior analyst.

The process of setting, implementing and adhering to limits includes creation of the "If-Then" chart as part of a seven-step process. That process is described in detail on pages 125-138 in Schlesinger and Horberg (1988).

Having placed itself in a position to act, how then does the family talk to the addict about its decisions?

Decision 3: What To Say To The Addict

Limits are incomplete unless they are communicated to the addict. We cannot tell our clients what to say. But, we

suggest several guidelines to frame family members' thoughts about talking to the addict. First, we encourage them to make simple statements of facts, derived from the If-Then Chart, if necessary. Second, telling the addict one thing at a time is most effective. Third, being brief and to the point is crucial. Fourth, it is most helpful if family members place emphasis on the positive reasons the family is going to the trouble of communicating. This is not an invitation to a lynching party. It is an invitation to work towards a good life, either together or separately.

The fifth consideration is that of safety. Chaotic families are at higher risk for violence, and it is important that family members not expose themselves to potential danger in talking to the addict.

It is important to discuss with family members ahead of time that the addict's drug use may continue even after family withholds support for addiction. It is crucial that the family be very clear about what their goal is in withholding support for addictive behavior. The family's goal at this point is to disengage itself from complicity -- intended or not -- in the addictive process so it can get better and invite the addict to join them if they wish.

FLOURISHING

When family members have withdrawn themselves from unhealthy involvement with the addiction, they are ready to look ahead to creating satisfying lives for themselves. The goals in treatment at this point are to help families let go of trauma, overcome some common obstacles to progress, see images of recovery which can act as guides until they can formulate their

own, and direct their energies to master the many arts of good living.

Letting Go of Trauma

Living with the impact of addictive behaviors can be traumatic for family members. They feel a lot of pain, sometimes for extended periods of time. When they have removed themselves from the traumatic situation successfully, they must face the effects of the trauma so they can move on. For this, family members are introduced to a three-step model process through which they can move past the impact of the trauma. It is called the 3 R's. In step one, family members feel an acute sense of Retribution, a longing for the addict to suffer in a manner commensurate with the pain they believe he has inflicted. Making concrete the means through which this suffering would occur usually is not possible, however. When the family sees the futility of revenge and when family members have been able to talk about traumatic events and empathize with each other, members move on to step 2, in which they hope for Restitution from the addict for their suffering. When the currency of this repayment becomes hard to define and when current needs are gratified, family members typically move on to the third step. This involves seeking Refuge, or protection, from the possible recurrence of conditions which caused pain previously. The idea of refuge is an important one to reduce the feeling of vulnerability family members sometimes feel when they tackle the job of moving forward with their recovery. The action plan they develop in the "If-Then" chart often provides a good measure of protection for family members. To rebuild deep trust, intimate communication is necessary.

Overcoming Obstacles to Progress

There are several obstacles to progress to which it is helpful to "inoculate" family members. Family members who expect "smooth sailing" sometimes interpret what are otherwise common obstacles as major complications in treatment and signs of the failure of their efforts. We divide these obstacles into eight categories, and they are listed below. For a discussion in depth of these matters, please refer to Chapter 8 in Schlesinger and Horberg (1988).

1. Fear of uncertainty, change and emptiness
2. Getting over the hump
3. Losing sight of the goal
4. Getting hung up on details
5. Embarrassment
6. Counterproductive, or dysfunctional communication
7. Blaming
8. Inertia

At this point, family members have progressed through the stages of getting started, strengthening themselves, safely withdrawing their support for the addiction, formulating and communicating their healthy resolve, getting past the trauma which chaotic family life left in its wake, and preparing themselves to face the obstacles which may present themselves as they continue their recovery. Family members now need to learn to flourish.

The first step in understanding the concept of flourishing is to recognize that family recovery can have any of a variety of outcomes. Anticipating the possibilities is important if family members are to free themselves from the single-minded

focus on healing the addict. If, for example, family members come to expect that "successful" family recovery can be achieved only if all members of the family get better at the same time and the family reconstitutes itself fully, many families may be disappointed and interpret their efforts as failures. Preparing families for the possibility that recovery may be represented in a variety of outcomes is another way of "inoculating" them and helping them anticipate potential obstacles to a realistic view of their efforts.

Recovery at this point continues with the family's focus on creating healthy, satisfying lives. In our experience, family members who complete the steps in Getting Started, Strengthening the Family, and Confronting the Addiction emerge with fresh energy and confidence. Often the addict becomes involved in the recovery process; sometimes the family moves on without the addict. But, in either case, family members are then ready for fresh challenges. If they avoid finding new challenges, their energy will leave them, and they may go through protracted periods of emptiness and dysphoria. The four questions, presented in connection with the journey metaphor, are helpful in focusing family attention on what to think about and do next. Feelings, wants, values, and strengths provide the best roadmap for the continuation of the journey. It is at this stage that the needs of families in recovery diverge markedly.

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